

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0947

Code assigned by DOJ

Type of Application: Emergency Services

Job Title or Type of License, Certification or Permit: EMT-I Certification

Agency Address Set Contributing Agency:

Inland Counties Emergency Medical Agency

Agency authorized to receive criminal history information

00660

Mail Code (five digit code assigned by DOJ)

515 N. Arrowhead Ave

Street No.

Street or P.O. Box

Contact Name (Mandatory for all school submissions)

San Bernardino, CA 92415-0060

(909) 388-5823

City

State

Zip Code

Contact Telephone Number

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First Agency Billing Number

Date of Birth: _____ Sex: Male Female Misc. No. BIL - _____

Height: _____ Weight: _____ Misc. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____ City, State and Zip Code

Social Security Number: _____

Your Number: _____

OCA No. (Agency Identifying No.)

Level of Service



DOJ



FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street Name

Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

City

State

Zip Code

Agency Telephone Number (optional)

Live Scan Transaction Completed By: _____ Date: _____

Name of Operator

Transmitting Agency

ATI Number

Amount Collected / Billed

ORIGINAL-Live Scan Operator; **SECOND COPY**-Requesting Agency; **THIRD COPY**-Applicant